

## **SPI IV Coaching Initiative Application**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Do you have experience working with nonprofit/faith-based organizations? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area/s of expertise:

<input type="checkbox"/> Board development	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Planning	<input type="checkbox"/> Fiscal Management	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Nonprofit Management	<input type="checkbox"/> Other	

If selected to participate, would you be available on the following dates from 9:30 am to 12 noon to meet with your SPI participant? April 5, June 14, July 12 and August 16. ☐ Yes ☐ No

Please explain why you would like to participate in this initiative:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Thank you for your interest.***

Due: March 17, 2006

Deliver to: Mayor's Office of Partnerships and Grants Development  
441 4<sup>th</sup> Street, NW, Suite 1130 North  
Washington, DC 20001